

MEDICAID LONG-TERM CARE SINGLE POINT OF ENTRY SERVICES PILOT PROJECTS

(FY2007 Appropriation Bill - Public Act 330 of 2006)

April 30, 2007

Section 1686: (1) The department shall submit a report by April 30, 2007 to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the progress of 4 Medicaid long-term care single point of entry services pilot projects. The department shall also submit a final plan to the house of representatives and senate subcommittees on community health and the house and senate fiscal agencies 60 days prior to any expansion of the program. (2) In addition to the report required under subsection (1), the department shall report all of the following to the house of representatives and senate appropriations subcommittees on community health and the house of representatives and senate fiscal agencies by September 30, 2007: (a) The total cost of the single point of entry program. (b) The total cost of each designated single point of entry. (c) The total amount of Medicaid dollars saved because of the program. (d) The total number of emergent single point of entry cases handled and the average length of time for placement in long-term care for those cases. (e) The total number of single point of entry cases involving transfer from hospital settings to long-term care settings and the average length of time for placement of those cases in long-term care settings. (3) It is the intent of the legislature that funding for single point of entry for long-term care end on September 30, 2008. (4) As used in this section, "single point of entry" means a system that enables consumers to access Medicaid long-term care services and supports through 1 agency or organization and that promotes consumer education and choice of long-term care options.

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
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Michigan Department of Community Health
Status Report on Michigan's Long-Term Care Connections
(Formerly named Single Point of Entry Demonstration Projects)
April 30, 2007

Section 1686 of Public Act 330 of 2006 requires a report on the progress of Long-Term Care Single Point of Entry pilot projects. The Single Point of Entry Project was established as a result of the Governor's Executive Order 2005-14 issued in June, 2005, in order to implement recommendations made by the Governor's Medicaid Long-Term Care Task Force. In September, 2006 the SPE's were named Michigan's Long-Term Care Connections.

Start up Activities: Contracts were established with lead agencies in the four regional areas that were awarded SPE grants in June of 2006. These agencies have worked to develop independent SPE entities. Each site has a contingent of trained and knowledgeable staff. A curriculum of training was developed to ensure that the staff is well-informed and that consistent standards are implemented across regions. All of the regions have set up local offices and hired staff to begin operations. In addition, they have established independent governing boards and consumer advisory groups. Between January and March of 2007, the SPE's held 65 stakeholder meetings, 7 SPE Governing Board meetings and 6 Consumer Advisory Board meetings.

Independent Entities: In August, 2006 the department signed contracts with four demonstration projects to initiate the single point of entry programs. One of the priorities in the contract was to create separate, independently run, consumer driven entities that are solely responsible for the operation of the single point of entry program. The department is currently in the process of re-contracting with these newly created independent entities.

Mandatory Level of Care: This new law, in section 109i (17), also mandated that the SPE's serve as the sole agency within the designated area to assess a consumer's functional eligibility for Medicaid long-term care programs using a comprehensive level of care assessment. However, the SPE contracts had already been signed prior to the enactment of P.A. 634 that included a voluntary level of care determination. The need for the SPE's to perform this new mandatory functional eligibility has been communicated to the Centers for Medicare and Medicaid Services (CMS). Policy and system changes need to be developed to perform this function and a target date for implementation of October 1, 2007 has been set.

Core Services: The implementation of SPE Core functions has been phased in over time. Beginning October 1, 2006, statewide Information and Assistance functions were initiated after being developed and refined by all four regions. In the first quarter of Calendar Year 2007, over 5,700 consumer calls were responded to for information and assistance. These calls include extensive discussions as staff worked with consumers to answer their questions which may require as many as 4 to 5 return calls. The staff use factual information to develop referrals and promote understanding of the web of services as consumers explore their options based on person centered planning (PCP). Long term care options counseling functions continue with over 300 option counseling cases opening in the first quarter of Calendar Year 2007. At the core of this PCP paradigm shift is the practice of having the consumer be in charge of their long term care life choices.

Marketing and Outreach: Marketing efforts have been made to make consumers aware of the single statewide, toll free phone number for contacting the SPE's. This number is: (866) 642-4582. The Long Term Care Connection networks are reaching out to providers, nursing facilities and hospitals to develop significant working relationships required to streamline access to information and guidance. The SPE's have conducted 253 outreach activities and held 28 community education presentations in the first quarter of Calendar Year 2007. The intent of these programs is to inform consumers of their options to assist them in utilizing resources more efficiently as they choose services more closely aligned with their needs. When consumers know their options lower costs may result.

Information System: The department and pilots have focused their efforts on the development of an information system across the provider network. This web-based electronic data system required the establishment of preliminary policies and processes for SPE core functions. This system continues to be refined to ensure that the data required by P. A. 634 will be collected consistently across regions. Over the past few months, all four entities have reviewed regional access practices to determine a baseline for improvement, as well as grasp a deeper understanding of the barriers and challenges in processes as consumers attempt to

access Medicaid services. In addition, the system will include a resource data base with information on providers available over the web for consumers seeking services.

Evaluation: The department has contracted with an independent evaluator to assist in the analysis of implementation and outcome issues. This evaluation plan was submitted for review to Health and Human Services (HHS) under the Aging and Disability Resource Center (ADRC) grant. The department is now finalizing outcomes and identifying measures for evaluation. This process will include stakeholders, consumer systems and a performance evaluation of the four sites.

Vision Statement: The Long Term Care Connection will be a highly-visible and trusted source of information and assistance about long-term care, aiding Michigan citizens with planning and access to needed services and supports, in accordance with their preferences.